

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/821000 (USP 7506066)
Filing Date	4/7/2004 (Issued 3/17/2009)
First Named Inventor	Lida Nobakht
Art Unit	
Examiner Name	
Attorney Docket Number	CTV-002-1D

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 22888

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|-----------------------------------------|------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input checked="" type="checkbox"/> 10.40(c)(6) Please explain below: | |

See page 3 of this form entitled "37 CFR 10.40(c)(6) EXPLANATION".

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☐ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or
Assignee name VIACLIX, INC.

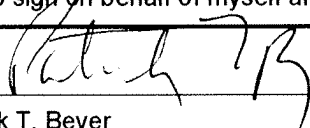
Address 16795 Lark Avenue

City Los Gatos	State CA	Zip 95032	Country US
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Telephone	(408) 354-0100	Email info@viaclix.com
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature



Name

Patrick T. Bever

Registration No. 33834

Address 901 Campisi Way, Suite 370

City Campbell	State CA	Zip 95008	Country US
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Date	March 9, 2011	Telephone No. (408) 451-5902
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NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

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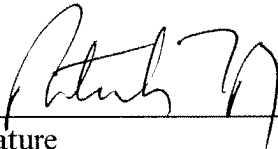
37 CFR 10.40(c)(6) EXPLANATION***(attachment to
REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS******Complete if Known***

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10.40(c)(6) Explanation:

The attorney-client relationship between the practitioner and the assignee was terminated over one year ago, and the practitioner has done no further work for the assignee since the termination. The assignee still owes the practitioner approximately \$22,000.00 in fees and out-of-pocket expenses, and no payment has been received by the practitioner from the client since February 1, 2010. Files associated with all of assignee's patents/applications including the file for the present matter, were returned by the practitioner to the assignee when the relationship was terminated over a year ago. Assignee's new patent attorney filed a Power of Attorney in at least one of the returned applications (US App. Serial No. 10/033,520), but for no apparent reason, assignee's new attorney failed to file a Revocation and New Power of Attorney in the present case. Both assignee and assignee's new attorney have been notified by practitioner regarding the maintenance fee that is due in the present case (USP 7,506,066) and that this Request for Withdrawal has been filed.



Signature

March 9, 2011

Date

Patrick T. Bever, Reg. No. 33,834

Typed or Printed Name

Telephone: (408) 451-5902

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.*

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.